

DIABETES PARTNERS IN ACTION COALITION ANNUAL REPORT FY07

(October 1, 2006 – September 31, 2007)



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MEMBER ORGANIZATIONS

At the end of FY07, DPAC was comprised of 91 members from 50 organizations. Thank you to our member organizations for all of the time and resources that you have contributed to this volunteer-driven coalition.

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| American Association of Diabetes Educators | MESSA |
| American Diabetes Association | Michigan Association for School Nurses |
| Amylin Pharmaceutical Inc. | Michigan Dietetic Association |
| Aventis | Michigan Optometric Association |
| Blue Care Network | Michigan Pharmacists Association |
| Detroit Dept of Health & Wellness Promotion | Michigan Primary Care Association |
| UPDON | MSU - Family and Consumer Sciences |
| ECDON/NKFM | National Kidney Foundation of Michigan |
| Eli Lilly and Company | Northern Michigan Hospital |
| Garden City Hospital | Novo Nordisk |
| GlaxoSmithKline | Pfizer Inc. |
| Health Partnership | Priority Health |
| Hurley Diabetes Center | REACH Detroit Partnership/CHASS |
| INNOVEX | Region 2 Area Agency on Aging |
| John. M. Borgess Wellness Center | SODON |
| Johnson & Johnson Co. | St. Joseph Mercy Oakland Hospital |
| Mary Free Bed Rehabilitation Hospital | St. Mary's Health Link |
| McLaren Regional Medical Center | Takeda Pharmaceuticals |
| MDCH Diabetes & Other Chronic Diseases | TIPDON |
| MDCH Bureau of Epidemiology | University of Michigan |
| MDCH Tobacco Prevention | Up Hill Solutions |
| MDRTC | Wayne State University – Dept. of Internal Medicine |
| Meijer Pharmacy | Wayne State University - School of Medicine |
| Mercy General Health Partners | Western Michigan University |
| | Without a Vision the People will Perish |

"I not only use all of the brains I have, but all I can borrow."
Woodrow Wilson

EXECUTIVE SUMMARY

This report provides an update on the many objectives that DPAC and its members undertook during the past year, October 1, 2006 and September 30, 2007. Progress was reported in a wide variety of areas.

DPAC and its workgroups focused this year's activities on implementation of Recommendation #6 of the Michigan Diabetes Strategic Plan. Through active collaboration, DPAC has been able to mobilize resources to improve access to diabetes self-management training, supplies, and health care.

Workgroups developed specific action items related to the four goals included in Recommendation #6. Each workgroup has been persistently working to advance these activities and contribute to the ultimate goal of improved access. To this end, several presentations were created to disseminate information statewide on Diabetes in Michigan. Articles were developed to promote DSMT to provider organizations and others to inform partner organization of DPAC's activities. New and enhanced communication tools were developed to establish relationships with partners outside of DPAC and to facilitate partnerships among DPAC member organizations. And, new tools were created and disseminated to provide education to consumers, professionals and legislators on Diabetes and Pre-Diabetes.

As we look toward FY08, the DPAC workgroups have laid out ambitious goals for further implementation of Recommendation #6. The workgroups have identified several areas where inter-workgroup collaboration will be key and the Communication and Advocacy Workgroups have identified activities that will involve the DPAC membership as a whole – further uniting members toward a united course. Other activities identified for FY08 will position DPAC to provide a leadership role in the state by providing research reviews, analyzing components of success for program models, and developing recommendations/intervention strategies. DPAC will continue to seek out new members from organizations with a common mission to be inclusive and to benefit from broad-based input and support.

ABOUT DPAC

Mission

To provide statewide leadership to prevent and control diabetes and reduce its impact in Michigan.

Vision

Through active collaboration, DPAC has mobilized resources to ensure a unified course toward the reduction of diabetes and its complications in Michigan.

Coalition Structure

In March, 2006, the Board approved a new structure of DPAC, adding two new committees—Membership and Governance. The existing workgroups continued with the new structure: Advocacy and Policy; Communication and Public Awareness; Data, Evaluation and Research (DaRE); Prevention; and Training and Education Programs. At the same meeting, the Board voted and approved the Strategic Plan priority (as outlined below).

Strategic Plan

The *Michigan Diabetes Strategic Plan* outlines the need to focus on: (1) increased diabetes prevention and public awareness efforts, (2) statewide advocacy and policy initiatives that reduce barriers to care, (3) effective use of diabetes data and research in clinical settings and (4) targeted diabetes training and program opportunities for people with diabetes and pre-diabetes and their service providers. DPAC uses the Strategic Plan to guide its activities and has established workgroups to address the focus areas listed above.

FY07 Strategic Plan Priority

DPAC chose to focus this year's activities on implementation of Strategic Plan Recommendation # 6, to improve access to diabetes self-management training, supplies, and health care.

The Board voted to accomplish the following goals to address Recommendation #6:

1. Establish strategic relationships with potential partners (such as the Detroit Wayne County Health Authority (DWCHA), a public/private partnership or entity) toward accomplishing Rec. #6.
2. Educate the general public, providers and legislators about access to trainings, supplies, and health care (outside partnership).
3. Advocate with health insurers and pharmaceuticals for access issues (outside of partnership).
4. Assess what gaps around access currently exist and define actions to close the gaps.

SELECTED ACCOMPLISHMENTS FOR FY07

Working together to further the Michigan Diabetes Strategic Plan, and in particular Recommendation #6, DPAC and its member organizations have:

Governance

- Provided education to the membership on writing and establishing measurable objectives for DPAC activities.
- Tracked progress on established objectives.
- Board members completed a SWOT analysis. In response, they initiated the development of a DPAC tagline.
- Provided input on the Strategic Plan update process.
- Offered recommendations to improve the MQIC Diabetes guidelines.

Membership

- Updated member list to reflect only active members.
- Invited CEO of DWCHA to join DPAC and present at a future meeting.
- Maintained membership of 91 members.
- Developed recruitment plan to approach potential members from key organizations.
- Defined DPAC member responsibilities and benefits of membership.
- Reached out to other organizations to expand collaboration efforts.

Advocacy

- Promoted and participated in Diabetes and Kidney Disease Advocacy Day (in Lansing); approximately 10% of participants were DPAC members.
- Developed Diabetes Self-Management Training (DSMT) articles (short and long versions) and distributed to 52 provider organizations to urge them to include the articles in their newsletters or other communications with members.
- Promoted advocacy among DPAC members and registered all members to receive National Kidney Foundation of Michigan advocacy alerts.

Communication and Public Awareness

- Contributed to the design of the DPAC website.
- Launched DPAC Quarterly newsletter in August 2007.
- Contributed an article about DPAC goals and workgroups to the MODE newsletter.
- Reviewed and provided feedback on the DSMT articles developed by the Advocacy Workgroup.
- Developed and implemented internal networking processes for open communication with and between workgroups.

Data, Research and Evaluation (DaRE)

- Provided input into the design of the Michigan Diabetes Fact Sheet.
- Shared NDEP presentation “Diabetes: The Numbers” with the membership and created a customized version with Michigan Data.
- Completed a literature review, through October 2006, on the Return on Investment (ROI) or cost-savings of chronic disease self-management programs, with a focus on diabetes-related programs.

Prevention

- Completed literature review of guidelines on Pre-Diabetes, and recommended that the workgroup follow the ADA standards of care for Pre-Diabetes.
- Developed Pre-Diabetes treatment plan; created statewide distribution plan, and will place this on the Prevention Workgroup web page.
- Developed Pre-Diabetes consumer brochure; created statewide distribution plan, and will place this on the Prevention Workgroup web page.
- Created and distributed a survey to assess the availability of DSMT and payment options for people with Pre-Diabetes.

Training and Education Programs

- Researched and defined the role of a Diabetes Community Health Worker.
- Provided regional presentations on diabetes community health worker program model and the benefits of participation.
- Explored options for certification of DCHWs/programs.
- Conducted a survey of the DONs regarding use of DCHWs.
- Created presentation on Diabetes Community Health Workers and shared with DPAC membership.

“Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.”

Unknown

DPAC PRIORITIES FY08

Working together to provide statewide leadership to prevent and control diabetes and reduce its impact in Michigan and to further the Michigan Diabetes State Plan, DPAC and its member organizations will:

Membership

- Implement recruitment plan to approach potential members from key organizations and in targeted geographic regions.
- Expand DPAC member engagement through further development of the workgroups.
- Recruit new members from student groups such as medical, pharmacy, and nursing associations.

Advocacy

- Promote and participate in Diabetes and Kidney Disease Advocacy Day; boost attendance by DPAC members by 10%.
- Follow-up with provider organizations to encourage the use of the DSMT articles in their newsletters or other communications with members.
- Research models of care to define components of success and submit a report.
- Develop a DPAC advocacy plan, with talking points and key messages.
- Promote advocacy among DPAC members
 - Continue to link DPAC members to ongoing advocacy efforts of NKFM and ADA,
 - Explore options to host an advocacy training, and
 - Post advocacy tools on the Advocacy web page.

Communication and Public Awareness

- Contribute to ongoing development of the DPAC website.
- Produce DPAC quarterly newsletter with feature articles on DPAC organizations, workgroup updates, and resources.
- Contribute articles to other professional organizations (such as Michigan Primary Care Association, MODE and DSMT) about DPAC and its priorities.
- Enhance internal networking processes (ex. liaisons for each of the other DPAC workgroups).
- Work with DPAC Board to develop a tagline for DPAC.
- Encourage grass community efforts, such as involvement and support of fundraising walks or volunteering for habitat for humanity.
- Support the distribution of NDEP diabetes education materials.

Data, Research and Evaluation

- Post data on the MDCH reports web page or the DaRE workgroup web page.
- Create distribution plan and disseminate Diabetes and Pre-Diabetes Fact Sheets.
- Compile data from DPAC presentations (such as “Diabetes: The Numbers”).
- Revise “Return on Investment” (ROI) document to create a two-page Cost of Diabetes fact sheet.
 - Need to compile bibliography of additional resources for literature review on the Return on Investment (ROI) or cost-savings of chronic disease self-management programs, with a focus on diabetes-related programs.
- Summarize current coverage for Medicaid and Medicare.
 - Share results on Medicare information with MODE workers.
- Submit a request to MDCH to put together a document for the uninsured in MI and in particular people with diabetes across backgrounds age, sex, etc. and create a document to summarize the data (collaborate with advocacy workgroup).
- Analyze pre-diabetes training/education survey data from the prevention workgroup and submit report.

Prevention

- Continue statewide distribution of Pre-Diabetes consumer brochure and Pre-Diabetes treatment plan.
- Post Pre-Diabetes consumer brochure and treatment plan on the DPAC website.
- Evaluate the need to translate the Pre-Diabetes consumer brochure into Spanish.
- Compile survey results to assess the availability of DSMT for people with Pre-Diabetes and payment options (33 out of 90 programs responded that they offer programs).
 - Share summary and conclusions (components of success/recommendations) with DPAC as a whole and with DSMT programs.
 - Develop and disseminate a survey to assess Pre-Diabetes services provided by non-DSMT programs (together with the DaRE workgroup).

Training and Education Programs

- Complete revisions to the Diabetes Community Health Worker (DCHW) presentation based on feedback from 10/24 presentation to full DPAC membership.
- Increase awareness of the DCHW program using the DCHW presentation and success stories.
 - Develop plan to disseminate DCHW presentation.
 - Add presentation and other resources to the DPAC web site.
 - Gather success stories from DCHWs.
- Develop diabetes-specific CHW curriculum.
- Find an organization to certify the DCHWs.



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